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METHODOLOGICAL STRATEGIES FOR DEVELOPING EMOTIONAL CONTACT AND SITTING ABILITY IN CHILDREN WITH AUTISM SPECTRUM DISORDER

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ABSTRACT

This article addresses a critical issue relevant to all professionals engaged in special education, particularly speech and language therapists, who frequently encounter children and adolescents exhibiting hyperactivity, negative behavioral patterns such as aggression or self-aggression, and social withdrawal. These symptoms are especially prevalent among individuals with Autism Spectrum Disorder, a population that is growing globally, giving rise to a generation of children with unique and often misunderstood behavioral profiles who lack essential communication and social interaction skills (Hunanyan, 2013).

The investigation of these phenomena and the search for effective intervention strategies by speech therapists may seem unconventional to some specialists. Traditionally, the management of aggressive behaviors and communication breakdowns has fallen within the purview of psychologists. However, the increasing prevalence of such challenges during SLT sessions justifies their exploration from a speech therapy perspective. Aggression, refusal to engage, and non-compliance can become significant obstacles to the success of speech-language interventions, particularly for children with Autism Spectrum Disorder.

This issue is further magnified in the context of Armenia's ongoing inclusive education reforms, where an increasing number of children with Autism Spectrum Disorder many exhibiting complex and hard-to-manage behaviors are enrolling in mainstream schools. Unfortunately, the educational settings are not always equipped to provide the necessary pedagogical and therapeutic approaches to foster emotional contact and behavioral regulation, both of which are foundational for correctional-developmental work.

Through experimental research and practice-based observation, this article presents speech therapy techniques that facilitate the development of emotional connection and sitting tolerance during therapy sessions. The study demonstrates that creating specific conditions and implementing targeted steps can significantly enhance the effectiveness of speech therapy for children with Autism Spectrum Disorder.

Keywords: *Hyperactivity, negative behavior, aggression, self-aggression, Autism Spectrum*

Disorder (ASD), emotional contact, compliance, speech and communication development.

INTRODUCTION

Childhood autism, also referred to as Autism Spectrum Disorder (ASD), represents a complex and heterogeneous neurodevelopmental condition characterized by a constellation of impairments across multiple domains. These include deficits in verbal and non-verbal communication, restricted and repetitive behaviors, and significant challenges in social interaction (Lord et al., 2020; American Psychiatric Association, 2013). As Hunanyan (2013) notes, autism is not a singular pathology but a multifaceted syndrome in which the underdevelopment of speech functions is often accompanied by impairments in higher-order cognitive processes.

A key characteristic of ASD is the hierarchical or uneven developmental trajectory across functional domains. This means that a child with autism may show advanced skills in some areas (e.g., memory or visual-spatial reasoning), while simultaneously displaying significant delays in speech, language, and emotional regulation (Tager-Flusberg et al., 2005). If left unaddressed—particularly in the absence of early intervention and targeted developmental-corrective work—these disparities may lead to long-term difficulties in social integration, emotional resilience, and academic success (Dawson et al., 2010).

Practitioners working directly with children with ASD frequently encounter increasingly complex challenges during speech-language therapy sessions. These include behavioral disturbances such as non-compliance, aggression, or social withdrawal barriers that go beyond traditional language deficits and require multidisciplinary expertise to address effectively (Shipley & McAfee, 2020; Paul & Norbury, 2012).

Furthermore, the urgency and specificity of intervention decisions have grown in recent years, as speech-language pathologists (SLPs) are increasingly required not only to address speech and communication development, but also to adapt their methods based on behavioral manifestations. In many cases, the success of the overall therapeutic process depends on how effectively these behavioral and emotional challenges are managed (Wetherby & Woods, 2006).

LITERATURE REVIEW

ASD is widely recognized as a complex neurodevelopmental condition affecting communication, behavior, and social interaction (APA, 2013). Numerous studies highlight that early manifestations of ASD are frequently characterized by delayed or atypical speech and language development, coupled with behavioral challenges such as hyperactivity, aggression, and emotional withdrawal (Tager-Flusberg et al., 2005; Paul & Norbury, 2012). These symptoms significantly complicate traditional logopedic (speech-language) intervention models, particularly in inclusive educational settings.

Recent scholarship emphasizes the importance of early and interdisciplinary intervention to address

both communication deficits and behavioral symptoms concurrently (Dawson et al., 2010; Wetherby & Woods, 2006). In particular, (SLPs) play a central role in identifying speech and communication disorders in young children with ASD, but increasingly they must also navigate non-verbal behaviors, resistance to interaction, and emotional dysregulation (Shipley & McAfee, 2020). These challenges can serve as major barriers to therapy unless appropriate strategies, such as structured emotional contact and behavior-modulating techniques are implemented from the outset (Prizant et al., 2006).

Moreover, several studies have pointed to the uneven developmental profile of children with ASD, where advanced skills in one area may coexist with significant impairments in another. This developmental asymmetry reinforces the need for customized therapeutic approaches that adapt not only to the child's linguistic level, but also to their cognitive and emotional capacities (Lord et al., 2020; Hunanyan, 2013).

In the Armenian context, the ongoing educational reforms and expansion of inclusive schooling have led to a growing number of children with ASD entering general education systems (UNICEF Armenia, 2021). However, as literature suggests, educational professionals are not always adequately prepared to support these children, particularly when it comes to developing emotional contact and compliance skills, core prerequisites for successful logopedic and pedagogical work (Zwaigenbaum et al., 2015). There is thus a clear need for methodologically grounded practices that support SLPs in managing behavioral difficulties while promoting communicative development.

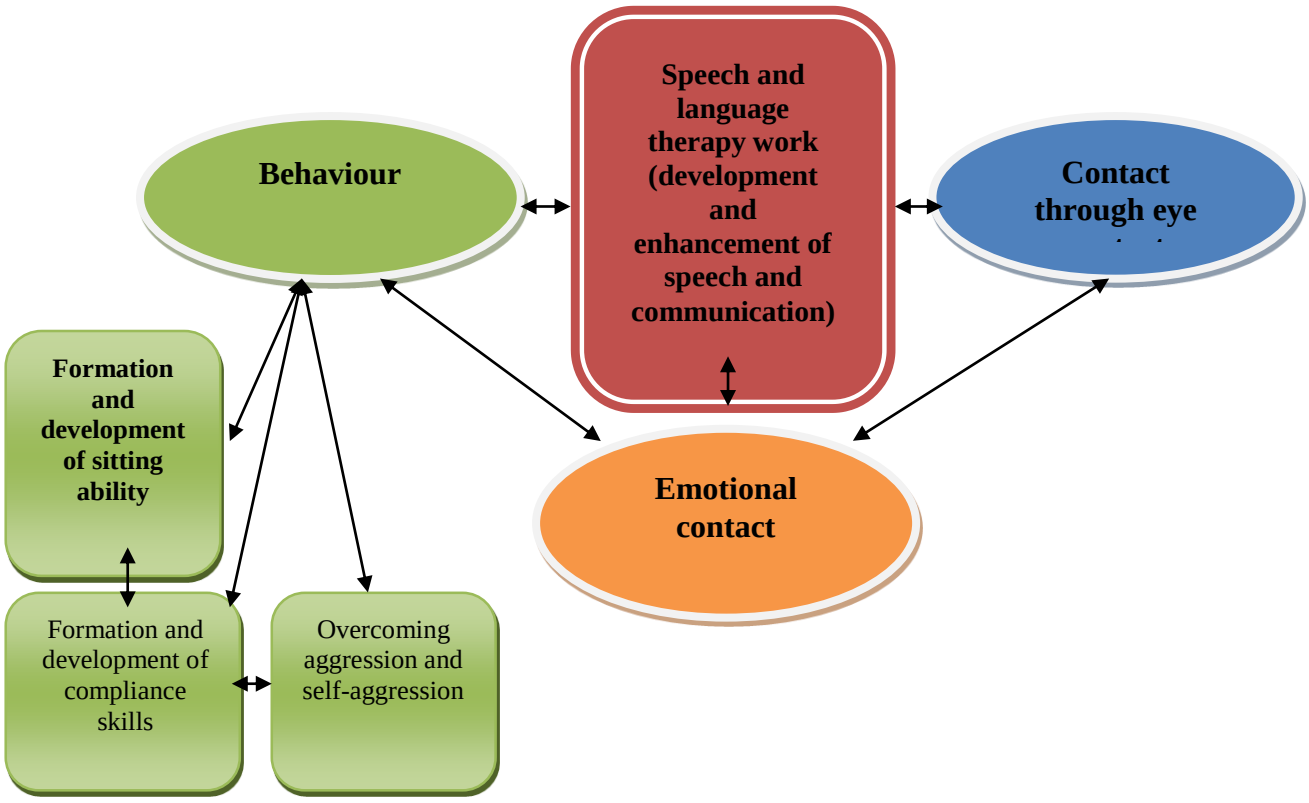
Scientific literature consistently documents that children with ASD often exhibit aggressive behaviors, maladaptive states, and inability to establish emotional contact, all of which significantly complicate intervention processes (Nikolskaya, Baenskaya, & Libling, 1997). These behavioral symptoms are particularly problematic as they further hinder the already impaired development of verbal and non-verbal communication skills (Novotvortseva, 2012).

Given the heterogeneous nature of behavioral disturbances in children with autism—ranging from self-isolation to severe outbursts of aggression, speech and communication therapy must begin by establishing certain foundational prerequisites. These serve as essential entry points for further speech-language intervention and include:

- Establishing emotional contact or interaction between the therapist and the child;
- Developing and reinforcing appropriate behavioral patterns, particularly:
    - The ability to sit calmly and consistently during sessions;
    - The ability to follow simple instructions and comply with adult guidance;
    - Implementation of techniques aimed at reducing both the frequency and intensity of aggressive behaviors;
- Enhancing attention and joint visual engagement, particularly through eye-gaze as a communicative tool (Picture 1).

Picture 1.

Prerequisites for the Development of Speech and Communication Processes in Children with Autism Spectrum Disorder



To address these prerequisites, the research team designed and modified a series of special pedagogical methods and supportive tools, tailored to meet the behavioral and emotional regulation needs of children with ASD. These were applied systematically during the experimental training phase, creating the necessary conditions for successful logopedic (speech-language) intervention.

METHOD

To evaluate the effectiveness of the proposed speech-language therapy goals, an experimental teaching intervention was conducted involving 28 children aged 4–7 diagnosed with Autism Spectrum Disorder (ASD). The participants were equally divided into an experimental group (n=14) and a control group (n=14).

Control Group Protocol

Children in the control group received individualized therapy based on traditional logopedic (speech therapy) methods, implemented through structured play and guided learning activities. These methods followed established protocols emphasizing articulation, vocabulary acquisition, and pragmatic

communication strategies.

Experimental Group Protocol

Children in the experimental group participated in both individual and group-based sessions utilizing a custom-designed, exemplar speech therapy framework aimed at fostering non-verbal and verbal communication. The intervention prioritized emotional engagement and the development of regulatory behaviors as prerequisites to speech and communication.

The initial sessions focused on:

- Establishing emotional contact and trust-based interaction between the child and therapist.
- Developing the child's ability to remain seated and sustain attention.
- Implementing motivational strategies tailored to the child's individual sensory preferences and behavioral traits, based on observational diagnostics (Greenspan & Wieder, 2013).

The therapeutic environment was carefully structured to:

- Ensure a safe, predictable, and low-stimulus setting to reduce anxiety and promote interaction.
- Provide access to visual aids, brightly colored educational materials, and interactive digital tools such as tablets and communication apps (Kafyan, 2010).
- Engage caregivers when necessary, particularly during the early sessions, to reinforce bonding and consistency.

Therapists applied a combination of traditional and innovative speech therapy techniques, including:

- Use of visual contact training, starting with 1-second eye contact achievements.
- Behavioral mirroring and imitation of echolalia or repetitive movements, to capture attention and create communicative openings.
- Progressive interaction building, leading to increased expressive and receptive language usage.
- Functional communication training methods, to promote alternative means of communication when verbal output was limited.

Additionally, therapists assessed the child's home environment and family dynamics, recognizing that communication is influenced by environmental and relational factors. Data was gathered through structured parent interviews and home visits when possible, allowing for more targeted and context-aware intervention planning.

This methodology aligns with research emphasizing emotional regulation as a foundation for communication development in children with ASD (Greenspan & Wieder, 2013), and underscores the need for customized, multisensory intervention environments (Novotvortseva, 2012; Nikolskaya et al., 1997).

RESULTS AND DISCUSSION

Autistic children often present heterogeneous behavioral profiles, with some exhibiting

hyperactivity, while others show marked hypoactivity (Gilbert & Piters, 2005). These neurobehavioral patterns can pose significant challenges in organizing and maintaining logopedic interventions, particularly when the goal is to develop speech and communication competencies.

Therefore, alongside the establishment of emotional contact, one of the foundational prerequisites for initiating speech therapy with autistic children is the development of sitting tolerance a prerequisite skill that enables participation in structured learning contexts (Greenspan & Wieder, 2013). As noted in the literature, children on the autism spectrum may struggle with maintaining posture and engagement due to difficulties with self-regulation and attention (Leaf & McEachin, 1999).

To enhance sitting ability and sustain attention during sessions, the therapy incorporated highly individualized motivational strategies based on each child's interests. These included:

- Visually stimulating didactic materials (colorful cards, toys, tactile objects),
- Digital tools (smartphones, tablets, computers),
- And various forms of reinforcement, such as:
    - Object-based rewards (toys, gadgets),
    - Verbal praise ("Well done!", "Excellent!", "You did it!"),
    - Food-based rewards (chocolates, fruits, juices), used ethically and selectively based on individual profiles (Leaf & McEachin, 1999).

The "Sit Down" command was used as a key behavioral cue. In the experimental group, this directive was reinforced through the use of positive reinforcement and consistent session routines. The goal was not only to increase compliance but also to gradually extend the duration for which the child could sit and engage with the specialist.

Quantitative Outcomes

Over the course of a two-year systematic intervention, the following results were observed:

- Before the intervention: In the experimental group, only 3 out of 14 children (21.4%) could respond to the "Sit Down" command, with durations ranging from 10–15 seconds to 10 minutes.
- After the intervention: This number increased to 12 out of 14 children (85.7%), with sitting durations extended to up to 40 minutes. This marks a substantial improvement in both behavioral regulation and learning readiness.
- In the control group, the results were more modest: Starting at 4 out of 14 children (28.57%), and increasing to 7 children (50%) after two years with maximum sitting durations reaching only 30 minutes.

These results validate the effectiveness of the proposed logopedic system, particularly the structured emotional bonding phase followed by gradual behavioral shaping techniques, in supporting the communicative and educational development of autistic children (Novotvortseva, 2012).

Qualitative Reflections

An important element of post-session analysis was the logopsychological reflection process carried out by the therapist. This involved reviewing:

- Successes and challenges,
- Techniques applied, and
- Child-specific responses to reinforcement and instruction.

Such reflective practices allow the therapist to evaluate progress, recalibrate interventions, and plan future work more effectively, enhancing the personalization and success of further speech and communication interventions.

CONCLUSION

This study demonstrates that targeted logopedic interventions aimed at developing emotional contact and sitting tolerance can significantly improve the foundational conditions necessary for successful speech and communication development in children with ASD. The implementation of a structured, two-year experimental teaching program has proven effective in establishing early communicative behaviors, particularly those related to compliance with instructions and increased session engagement duration.

As supported by both the quantitative improvements and qualitative observations, creating a safe, emotionally responsive, and motivating therapeutic environment contributes not only to the acquisition of initial learning behaviors such as sitting and focusing, but also lays the groundwork for more advanced communicative competencies. These findings echo the assertions of Greenspan and Wieder (2013), who emphasize emotional engagement as a prerequisite for communication, and align with previous research on behavioral motivation in children with ASD (Leaf & McEachin, 1999).

Furthermore, the results highlight that systematic reinforcement techniques, when customized to the child's interests and sensory profile, can facilitate greater responsiveness and increase participation in therapy sessions. This is especially critical in preschool-aged children, for whom early intervention has been shown to reduce long-term social and communicative deficits (Paul & Norbury, 2012).

Ultimately, the study confirms that emotional contact, instructional compliance, and behavioral readiness are not only achievable goals, but also essential precursors to the success of speech-language therapy in inclusive and special education settings. The outcomes reinforce the importance of early, individualized, and emotionally grounded interventions as a cornerstone for fostering communication skills and enhancing the social integration of children with autism.

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